

# Focus on Community



Georgia Department of Human Resources  
Division of Mental Health, Developmental  
Disabilities and Addictive Diseases



# *Division Director's Message*



Karl H. Schwarzkopf, Ph.D.,  
Director  
Georgia Department of  
Human Resources  
Division of Mental Health,  
Developmental  
Disabilities and Addictive  
Diseases

I am pleased to present *Focus on Community*, a Division of Mental Health, Developmental Disabilities and Addictive Diseases (MHDDAD) report of accomplishments in community living by people with mental illness, developmental disabilities and addictive diseases. Initiatives and investments of the division are supporting people with disabilities in successful living, learning and working in Georgia's communities.

## *Highlighted initiatives and investments include:*

- Helping to preserve families and keep children with serious emotional disturbance in their own homes and local schools through flexible service design and provision;
- Implementing a new service philosophy of recovery for persons with serious mental illness and expanding peer support services;
- Developing and implementing new services that support community living for individuals with developmental disabilities;
- Expanding efforts to collaborate with other agencies to bring additional needed resources, such as appropriate, affordable housing and employment opportunities, to people with mental illness, developmental disabilities and addictive diseases;
- Promoting the health and well-being of Georgia's youth through innovative and research-based substance abuse prevention services;
- Developing programs and services targeted specifically to non-English speaking and other minority populations to meet the diverse needs of Georgia's citizens;
- Designing and implementing innovative substance abuse treatment programs for women with addictive diseases and their children.

*Focus on Community* clearly demonstrates that we are accepting the challenge of removing barriers to community living and giving people with mental illness, developmental disabilities and addictive diseases the tools to participate fully in their community. There is still much hard work ahead for the division. We welcome the challenges and opportunities as we move forward to make community living a reality for the people we serve.

Karl H. Schwarzkopf, Ph.D., Director  
Division of MHDDAD

# Focus on Community

People with mental illness, developmental disabilities, and addictive diseases want to live, learn, work, and socialize in their communities just as do all other citizens of Georgia. They want to live in their own homes, make their own decisions and maintain family and social relationships. And like others, they want and deserve an opportunity to participate in and succeed in their communities. What is most needed in a human service organization is a vision that optimizes and promotes the principles of recovery, productivity, and quality of life in a cost-effective manner. In the Division of Mental Health, Developmental Disabilities, and Addictive Diseases (MHDDAD), our challenge is to incorporate these principles in developing opportunities for people with disabilities.

Creating accepting and caring communities for those with disabilities requires the collaboration and support of all parts of the community and service system. The stigma associated with disabilities and the lack of understanding are often the biggest barriers to meaningful change. Public understanding is essential to improving the lives of people with serious mental illness, developmental disabilities and addictive diseases.

**Focus on Community** spotlights the initiatives and investments that are helping to make community living a reality for more people with mental illness, developmental disabilities, and addictive diseases in Georgia. These initiatives and investments illustrate a dynamic system designed to serve the whole person, not just the disability; a system that is improving supports such as employment services and peer supports, while improving coordination and accountability among agencies, service providers, and consumers. The Division of MHDDAD has accepted the challenges of a focus on community.

*The last two years have seen significant changes in services and supports to create a more flexible and responsible service delivery system with an increased focus on community.*

## Adults with Serious Mental Illness

The division designed, implemented and trained staff to provide a range of new, more flexible community-based services that promote recovery.

## Children and Adolescents with Serious Emotional Disturbance

The division expanded child and adolescent services to include intensive family intervention and new crisis services to serve young people in their community and avoid hospitalization and preserve families.

## People with Developmental Disabilities

The division implemented new day services for people with developmental disabilities that offer more opportunity for community integration.

## People with Addictive Diseases

The division, in response to a growing need for these services implemented expanded community-based addiction treatment services for adolescents and women.

## Prevention Services

The division is increasing the number of providers delivering research-based prevention programs and the number of Georgia counties with prevention programs.

# Living in

*In FY 2002, 96 percent of individuals served by MHDDAD were served in the community.\**



The division recognizes the importance of natural support systems as key to the successful community integration of people with developmental disabilities. Natural supports include families, friends, and community organizations. The division recently redesigned its services to further support these systems.



In FY 2002, the division visited over 1,000 consumers of mental retardation residential services. Overwhelmingly, the division found that consumers were receiving good to excellent services. Some shortcomings were also identified. As a result, the division standardized and improved the quality of service monitoring to ensure problems are corrected by service providers.

Data derived from the Georgia Performance Measurement and Evaluation System (PERMES), a comprehensive outcome evaluation and performance management system. Its purpose is to improve both accountability and performance of the state's public MHDDAD system. PERMES uses data collected from consumers and their families.

**P**eople with disabilities have a better quality of life when they live in communities where they can be closer to their families and friends. The benefits of community living are real and measurable. Given the opportunity, people with mental illness, developmental disabilities and addictive diseases can be productive and contribute to society as a whole.

Individuals with mental illness, developmental disabilities and addictive diseases should be given the opportunity to pursue the same range of lifestyles and opportunities as other members of the community. For children, this typically means living with their family in their own home and in their own communities. For adults, it's usually opportunities and supports to live independently, or as independently as possible, in their own home, apartment or other community residence. Community living makes possible experiences such as public education, a real job and independent living. Through community living people with disabilities can lead lives of dignity, inclusion and achievement.

The division is committed to and focused on developing programs for community living for people with mental illness, developmental disabilities, and addictive diseases.



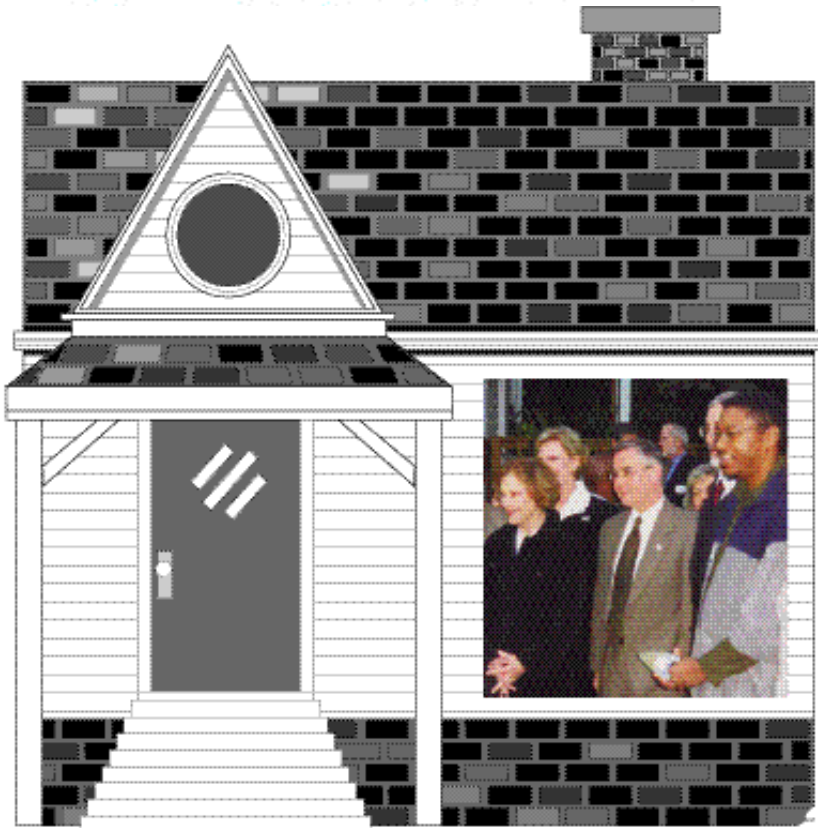
*Ninety-two percent of adult consumers with developmental disabilities and/or their families indicated that they had a choice in, and opportunities for, community and social activities.\**



# the Community

**A** major barrier to successful community living for people with disabilities is the lack of appropriate, affordable housing. Stable, decent, safe housing is essential for recovery. With a three-year grant from the Federal Center for Mental Health Services to MHDDAD, a coalition of consumers, advocates and state agency representatives is developing housing alternatives and community support services to help people with serious mental illness have stable living arrangements and a quality life in the community.

Thanks to the MHDDAD Housing Coalition, a home was built for an individual with mental illness. On November 7, 2002, national dignitaries, the Georgia Mental Health Consumer Network and Habitat for Humanity joined former First Lady Rosalynn Carter and Bishop J. Neil Alexander to celebrate and lay the cornerstone for a DeKalb County Habitat for Humanity home. This home was built for Jerome Lawrence, who is in recovery from schizophrenia. Lawrence attended Georgia State University, but dropped out due to his illness. With treatment and support, he returned to college and finished his degree in art. Lawrence is employed by the Georgia Mental Health Consumer Network and also teaches recovery through the arts at Holy Comforter Episcopal Church to other people with mental illness.



The local collaborative supporting Mr. Lawrence's house included Habitat-DeKalb, Georgia Consumer Network, Georgia Department of Human Resources, Holy Comforter Episcopal Church, NAMI-Georgia, National Mental Health Association of Georgia and the DeKalb Community Service Board.

*Eighty-two percent of adult consumers with mental illness report having a choice in where they live.\**



Selected metro and rural regions of the state are developing long-term substance abuse residential treatment programs for men, including those who are homeless. Wrap-around services and multi-agency collaboration include: substance abuse treatment and help finding employment.



New mobile crisis intensive family intervention services support youth with serious emotional disturbance. Early crisis intervention enables consumers to continue to live with their families or in their home communities while receiving treatment, thus avoiding more intensive institutional care as well as helping to preserve families.



To meet the need for community integration of adolescents leaving state hospitals, the division developed four group homes that will offer transitional placements for approximately 40 adolescents moving into the community each year.

# Working in

*Employment is a priority for people with disabilities. A focus of the division is to help them meet their employment goals.*



Substance abuse is a serious barrier to women gaining and maintaining employment. Research has shown that women who complete the Ready-for-Work Residential Treatment program have, on average, 50% higher incomes than those who do not complete the program.



Peer support centers are staffed and operated by consumers, including Certified Peer Specialists. They focus on peer support including education, assistance in finding and maintaining employment, community integration, residential services, and follow-up with treatment plans.



Georgia is the first state in the country to receive approval from Medicaid to bill for peer supports. The service uses a self-help model of recovery. In FY 2002, peer supports were received by 3,055 people.



Georgia has the only peer support centers in the country developed for people with dual disabilities of mental illness and addictive diseases.

**L**ike all workers, people with disabilities can benefit greatly from stable and fulfilling employment. Work not only provides a living but also gives people a sense of security, belonging and community. It creates a network of friends and colleagues, and promotes self-determination and recovery.

People with mental illness, developmental disabilities and addictive diseases contribute to their workplace and community. However, work has not always been an option for people with disabilities. Workplaces in Georgia are enriched today by the presence and participation of people with mental illness, developmental disabilities and addictive diseases.



*In peer support centers, individuals who are well into recovery can help others who are beginning recovery with their educational goals, job skills and daily living skills. Peer centers have computer labs that include computers donated by the Georgia Department of Labor.*



*Arthur Lowe has been employed at Coats and Clark since May 2000. Lowe started as a helper but has been promoted to machine operator.*



*Tanya Blackmon is employed at Gordon New and Used Cars. She started out driving and picking up cars but is now doing mechanical work. Mr. Gordon, the employer, states that she takes pride in her work.*



# the Community



Consumers have encouraged the service system to employ people with developmental disabilities. Bill Kazmier works as a special assistant for a major employment provider. He performs an array of administrative office functions and is a valued member of the team.

Charles Smith works at Southern Tailors, Atlanta's oldest flag and banner company. The president, Neal Zucker, holds Smith to some very high standards, and Smith meets those expectations well. He does all of the mailings, keeps the database of customers current, and is being trained to operate the heat press.



Rolly Kneller is the mailroom attendant for Atlanta Christian College. He has held this job for over a year. He sorts and delivers the mail in the administrative building and the student center. Kneller is well known and appreciated by both staff and students at the college.

Rachel Eberhard is an employee of the Loganville Community Bank, where she is truly one of the team. The bank President has always taken a very active interest in her and supports her success as an employee of the bank.



*Supported employment services provide an opportunity for individuals, who are traditionally denied employment due to the perceived severity of their disabilities, to get jobs and long term ongoing support as needed*



The division created a new service, day supports, that emphasizes the importance of work and community-based services rather than facility-based programs. In Fiscal Years 2002 and 2003, over 500 more people with developmental disabilities were provided day supports, including supported employment.



The division collaborated with the Georgia Department of Community Health to eliminate bureaucratic barriers that created disincentives for people with severe disabilities to go to work.



These are some of the jobs held by Georgians with significant disabilities:

Assembler	Switchboard
Bakery clerk	operator
Banquet assistant	Office assistant
Cloth handler	Parts inspector
Deli aide	Quality control
Desleeve	Receiving clerk
Dietary helper	Return clerk
Dishwasher	Receptionist
Forklift operator	Silver roller
Greeter	Spool assembler
Hatchery worker	Stock clerk
Janitor	Teacher's aide
Kit assembler	Trimmer
Library page	Warehouse worker
Line worker	Wire assembly
Mail clerk	technician
Microfilm clerk	

# Learning in

During the summer of 2001, the division partnered with the Governor's Council on Developmental Disabilities, to hold Georgia's first Family Support Conference, which provided learning opportunities for individuals with developmental disabilities and their families.\*



In FY 2002, community, hospital and regional front-line staff participated in training on individual service plan development, recordkeeping and quality improvement.



Training in state-of-the-art, evidence-based practices is being offered to MHDDAD service providers.



In the fall of 2002, DHR was awarded a three-year, Real Choice Systems Change grant to facilitate system changes that support community living for people with disabilities. Two initiatives of this grant focus on community workforce development — creating a medication administration certification program and a direct care staff development program.

*'Family support' refers to an array of services that help family members care for their loved ones at home in lieu of the more costly and less personal group care in institutions.*

**T**he division is committed to the creation of a learning environment that supports successful community living for people with disabilities.

Often denied this opportunity in the past, individuals with mental illness, developmental disabilities and addictive diseases are learning how to participate in all aspects of their community and thus enhance their independence and choices about their lives. Families work hard to care for their relatives with disabilities. Providing new information and supports enable families to stay together at home, avoiding crises that often lead to institutionalization. Skilled, trained and competent staff are needed to provide supports people with disabilities need to live successfully in the community.



*The success of people with developmental disabilities living in the community is determined in large part by the quality of the supports available to them. It is essential that staff of community service providers have the opportunity to learn how best to support people with complex behavioral, cognitive and physical disabilities.*



*The overwhelming majority of people with developmental disabilities are cared for in their family homes. The division is partnering with the Governor's Council on Developmental Disabilities to provide learning opportunities that support family home care.*



# the Community

*New intensive family intervention services provide support to youth with serious emotional disturbance and their families. These services help youth remain in their own homes and schools. Supports for parents include training on how to work with teachers and school administrators on meeting their child's educational needs.*



*Mary Mitchell participates in a Ready for Work substance abuse treatment program. She moved to Georgia from New York, where she had worked in telecommunications for 14 years. Mitchell now recognizes that she has had a substance use problem for the past 26 years, but had never considered her drug usage a problem until she found that it was a barrier to employment and could potentially cause her to lose custody of her 14-year-old son. After completing substance abuse treatment, she is now PTA president at her son's school and is employed as a teaching assistant.*



*In November 2002, Becky Watson, a consumer of mental health services, attended the fifth Peer Specialist Certification training held on St. Simons Island. She sat for her certification exam one month later. Today, Watson is among the 119 certified peer specialists (CPS) providing peer supports in Georgia. A graduate of Georgia State University in physics, she uses the skills and tools she learned at the training to support others in self-directed and peer-directed recovery.*

Georgia became the first state in the U.S. to develop a certification program for peer specialists — consumers in recovery who receive training to serve as staff in various programs, including peer support centers, community support teams, assertive community treatment teams and psychosocial rehabilitation programs.



One negative consequence of substance abuse among women is increased risk of out-of-home placement of their children. The division has implemented nurturing programs in their Ready for Work (RFW) residential substance abuse treatment programs. These nurturing programs are designed to improve parenting skills of women while they are working on their recovery.



Currently, there are 22 RFW sites, and all have therapeutic childcare programs. On any given day, the RFW program serves over 300 children and 300 women with addictive diseases.



Training and technical assistance is being offered to providers on:

- Assertive community treatment
- Psychosocial rehabilitation services
- Treatment for individuals with both mental illness and addictive diseases.

# Collaborating in

*Partnerships have enhanced the community services and supports for youth and adults with mental illness and addictive diseases. These include collaborations with:*

The Georgia Department of Community Health to adopt the Medicaid Rehabilitation Option, focusing on provision of mental health (MH) and substance abuse (SA) services in community settings.

Consumers, families, providers and others to implement a new service philosophy of recovery for persons with mental illness.

The Georgia Department of Corrections and the Georgia Board of Pardons and Paroles to provide services for offenders with mental illness who are returning to the community after incarceration.

DHR's Division of Family and Children Services (DFCS) to remove SA as a barrier to employment and implement specialized MH services for TANF recipients and to improve MH services for children in state custody.

Local MH/SA providers, law enforcement and courts to offer alternatives to incarceration for non-violent offenders with mental illness and addictive diseases.

The Georgia Department of Juvenile Justice, DFCS, Juvenile Court judges, service providers and advocates on a successful application funded by the National Center for Mental Health and Juvenile Justice to provide community MH services to divert children and adolescents from the juvenile justice system.

The Governor's Safe Action Group for Children, involving all child-serving state agencies, families, advocates and others to address ways to improve services to children and adolescents in out-of-home placements.

**C**ollaborating to help people with mental illness, developmental disabilities and addictive diseases live successfully in the community is a growing practice.

The division is taking the lead to build collaborative partnerships to provide a more comprehensive array of services and supports.

Collaborative efforts in the community make good sense because they:

- provide creative solutions to help people with disabilities to live successfully in their community;
- improve services and outcomes for the individuals served;
- better meet the needs of individuals whether they live in rural or urban Georgia;
- offer a comprehensive response to multiple needs; and
- are cost-effective.



*Adolescents and young adults with serious emotional disturbance often have special needs and may be unprepared for independent living and the adult service system. To help address these needs, the division facilitated the formation of a workgroup that developed the MATCH Transition Protocol. The commissioners of the state's departments of Human Resources, Juvenile Justice, and Labor, and directors of state agency divisions of MHDDAD, Family and Children Services, Housing and Finance, and Rehabilitation Services, signed this protocol and committed to its implementation.*



*Through extensive planning and collaboration between state and local partners, including MHDDAD, the Georgia Department of Community Affairs, local school systems and local social service agencies, a residential treatment program was designed to provide a unique combination of services and supports. The Millennium Center for Family Development is a therapeutic community in West Central*

*Georgia that serves women and their children who are recovering from an addiction to alcohol and/or drugs. The center provides a warm, safe, and drug-free family environment in which the entire family can focus on recovery.*



# he Community



Peter McKinnon's employment demonstrates the benefit of collaboration with the business community. He recently celebrated a year as an employee at Marsh, a risk and insurance services firm. His job is to ensure that all the central workstations on five different floors are supplied with the equipment necessary for everyone to be productive. He manages the materials for 10 work teams. He also keeps track of inventory and stocks the main supply room.



Changes in state regulations provide for consumers to determine where they live rather than the decisions being made by a set of one-size-fits-all state-wide regulations. Under the new Community Living Arrangement rules, people with developmental disabilities may now choose a greater level of independence.

*Partnerships have enhanced community services and support for people with developmental disabilities. These include collaborations with:*

- DCH to amend the Home and Community-Based Waiver Program to include new services that support community living.
- DCH in planning for the movement of 11 children with developmental disabilities from private nursing homes.
- The DHR Division of Family and Children Services in job training and placement services for TANF recipients with a developmental disability or learning disability.
- The Georgia Department of Corrections and the Georgia Board of Pardons and Paroles to provide community services for offenders with mental retardation who are returning to the community after incarceration.
- Families, advocates and DCH to pursue ways for consumers to exercise more choice and control of how, when and where their services are delivered, which are key components of self-determination.
- The Governor's Council on Developmental Disabilities to develop a statewide network of family support services.
- DCH to obtain approval from the federal Centers for Medicare and Medicaid Services to eliminate a barrier to employment of persons with developmental disabilities. Prior to December 2001, many people with developmental disabilities were charged a cost share for their supported employment services. Many of these individuals were paying their entire earnings into cost share. The elimination of the cost share now allows them to reap the benefits of their earnings from supported employment.



# Supporting the

The division developed services targeted specifically to minority populations. Among these are:

Alcohol and drug prevention through after-school and summer camp activities for Latino boys and girls.

Services for Asian and Pacific Island youth and their parents through conversational English classes and alcohol and drug abuse studies.

Services in Northwest Georgia with a bilingual staff to serve children with emotional problems.

Gender-specific treatment services for women with addictive diseases.

Added capacity to the Georgia Helpline for Spanish-speaking individuals to access substance abuse prevention information/referral and crisis services through a 24-hour, toll-free telephone service.

The division is supporting the community through addressing the needs of individuals who are homeless and have a serious mental illness and/or addictive diseases through:

Coordinating the submission of a successful application for participation in the Federal Policy Academy for State and Local Policymakers on Improving Access to Mainstream Services for Persons Who Are Homeless.

Establishing outreach teams to go to downtown Atlanta streets and shelters, identify homeless individuals who have a serious mental illness, and engage them in services.

Supporting the development of the Safe Haven/Permanent Housing Project to help homeless people with mental illness and addictive disease. The University of Georgia, Carl Vinson Institute is working with the division to establish an evaluation methodology to determine the effectiveness of this service model.

**C**learly, in dealing with community issues such as alcohol and other drug use, violence, crime and delinquency, it is better to prevent the problem than wait to respond after the problem exists. Effective prevention services support Georgia communities by laying the groundwork for healthy communities with healthy citizens.

Not every event or condition is preventable. The division also supports communities by responding to the immediate needs of individuals and their families. For support to meet the unique needs of individuals and their families, it must be provided with sensitivity to the diversity of Georgia's communities. Supporting the community also means helping people prepare for emergencies. The division is committed to being an active partner with other state agencies in preparing communities to respond effectively to national, state and local emergencies.



*Georgia has become a very culturally diverse state. Meeting the needs of such a diverse population calls for flexibility in service models. An example is a new substance abuse prevention program specifically designed for Latina girls. This program uses a proven curriculum called "Too Good for Drugs" and the educational materials of "Soy Unica, Soy Latina," to help the girls learn more about their culture, their relationships with others, and the dangers of alcohol and drugs.*

*Up to one-half of people who are homeless, have a serious mental illness and/or addictive disease. The division is supporting Georgia's communities by providing mental health and substance abuse services to people who live on the streets or in shelters.*



# Community



*A partnership of the division with the Georgia National Guard's, Counterdrug (Demand Reduction) Task Force is supporting Georgia's communities by advancing prevention through the Guard having:*

- *Hosted training by the Southeast Center for the Application of Prevention Technologies (SECAPT) and the National Interagency Civil-Military Institute in March 2002.*
- *Provided an information display for the Power of Prevention Regional Conference in August 2002 with 27 states and territories represented.*
- *Supported the Georgia Council on Substance Abuse Fall Conference in September 2002.*



*Prevention services promote the health and well being of individuals, families and communities through a variety of strategies and activities. Innovative prevention services funded by the division include the Augusta Weed and Seed Youth Advisory Board with the Medical College of Georgia. This group is aimed at reducing tobacco's social acceptance and usage by targeting advertising and sending out positive messages throughout their neighborhood and community. They take part in tobacco prevention training, peer to peer education, and a host of environmental activities.*

Most of Georgia's counties (154 of 159) have at least one substance abuse prevention program. Some counties have multiple SA prevention programs. The division is working to reach the youth in all counties in Georgia.



The division supports the Emory University Maternal Substance Abuse Prevention and Child Development Program. This program serves as the statewide resource for maternal substance abuse prevention, including Fetal Alcohol Syndrome.



The division supports the statewide promotion and development of Certified Drug Free Workplaces by the Georgia Chamber of Commerce. Over 7,000 businesses have been certified as drug free workplaces in Georgia.



Suicide results in 850 deaths every year in this state. The division supports the community through its participation in collaborative efforts to prevent suicide in Georgia.



Georgia is joining with other states to review ways in which they can readily link together in the event of a crisis. Crisis counseling assistance and training workshops are being held to help states prepare a crisis counseling program.



All community providers under contract to provide MHDDAD services have emergency management plans. These plans ensure the continuation of medical and other essential support services during emergencies. Community programs provide crisis counseling to citizens in the event of an emergency or disaster.

# *Recent Achievements In MHDDAD “Focus On Community”*

- Began an important restructuring of the MHDDAD system authorized by the passage of House Bill 498 in 2002
- Increased training to service providers on state-of-the-art, research-based practices
- Continued the PERMES statewide performance profile, a model outcome and performance measurement system
- Developed state-operated services to ensure the availability of needed community services
- Implemented alternative financing strategies to increase funding for community services
- Attained a Federal Real Choice Systems Change Grant to support Olmstead planning
- Expanded efforts to collaborate with other agencies to bring needed resources to consumers
- Became the first state in U.S. to develop a Peer Specialist Certification Program
- Opened and expanded consumer-operated peer support centers, serving as a model for other states
- Implemented the Medicaid Rehabilitation Option, focusing on quality of life and recovery
- Developed new community service options for people with DD
- Standardized and raised the quality of DD service monitoring
- Moved more than 120 additional people with DD from state institutions to community living
- Planned the transition of 65 people under age 21 from state hospital DD units and 11 children from nursing homes to community homes
- Expanded child and adolescent services to include intensive family intervention and new crisis services to help avoid hospitalization and preserve families
- Developed community homes for youth with SED for “step down” from intensive hospital treatment units
- Developed services targeted specifically to minority populations
- Increased the number of Georgia counties with SA prevention programs
- Implemented SA services for TANF recipients to remove substance abuse as a barrier to work
- Established the Millennium Center for Family Development, a therapeutic SA treatment community in West Central Georgia for women and their children



## Special Thanks to:

All pictured individuals for allowing us to celebrate their accomplishments and feature their stories.

**AmericanWork, Inc.**  
for pictures and stories

**Briggs and Associates, Inc.**  
for pictures and stories

**Georgia Psychological Services, Inc.** and its **New Choices Program** for picture and story

**Pathways Center for Behavioral and Developmental Growth**  
for technical assistance

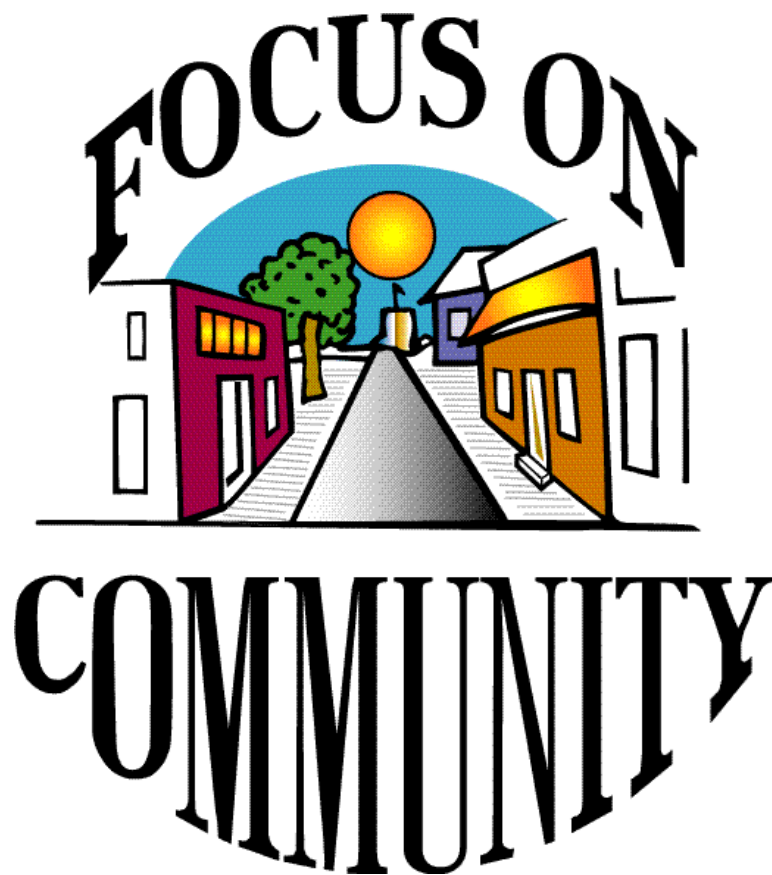
**Jack Anthony**  
cover photograph

**DHR Office of Communications**  
Dianne Phillips, layout and design; Barbara Joye, editing; Eddie Reddick, artwork

And all of our consumers, advocates, providers and regional and state office staff for contributing to the achievements in our focus on community.

Additional information about MHDDAD services, including the location and phone numbers of Regional Offices, can be accessed through the Georgia Department of Human Resources website:  
[www.dhr.georgia.gov](http://www.dhr.georgia.gov)





Georgia Department of Human Resources  
Division of Mental Health, Developmental Disabilities, and Addictive Diseases

This report is designed to meet the evaluation requirements set forth in the Official Code of Georgia Annotated 37-2-7